



HIPAA Acknowledgement and Assignment of Benefits

Notice of Privacy Practices

This notice describes how medical information about you may be used and disclosed and how you can get access to this information.

Please review it carefully.

Manchester Physical Therapy (MPT) is required by law to maintain the privacy of your health information and to provide you with notice of its legal duties and privacy practices with respect to our health information. If you have questions about any part of this notice or if you want more information about the privacy practices at MPT please contact our office at (802) 362-1334. Effective date of this notice: September 1, 2022

1. How MPT may use or disclose your health information

MPT collects health information from you and stores it on a computer. This is your medical record. The medical record is the property of MPT, but the information in the medical record belongs to you. MPT protects the privacy of your health information. The law permits MPT to use or disclose your health information for the following purposes:

Treatment - We can use your health information and share it with other professionals who are treating you. Treatment means the provisions, coordination, or management of healthcare and related services by one or more healthcare providers, including the coordination or management of health care by a provider with a third party; and consultation between providers relating to a patient. An example of this would be a consultation with your physician regarding your plan of care, progress, or status.

Regular health care operations - Health care operations are any activity related to the function of our office, such as conducting quality assessments, protocol development, case management and care coordination, auditing, business management and general administrative activities. An example of this would be an evaluation of customer service provided to patients.

Payment - Payment means reimbursement for the provision of health care, determinations of eligibility or coverage, billing, claims management, collection, justification of charges, and/or protected health information relating to the collection of reimbursements. An example of this would be giving information about you to your health insurance plan so it will pay for your services.

Information is provided to you as our patient: upon request.

Notification and communication with family - We may disclose your health information to notify or assist in notifying a family member, your personal representative or another person responsible for your care about your location, your general condition or in the event of your death. If you are able and available to agree or object, we will give you the opportunity to object prior to making this notification. If you are unable to agree or object, our health professionals will use their best judgment in communication with your family and others.

Required by law/Law enforcement - As required by law, we may use and disclose your health information, i.e.: to a law enforcement official for purposes such as identifying or locating a suspect, fugitive, material witness or missing person, complying with a court order or subpoena and other law enforcement purposes.

Public Health - As required by law, we may disclose your health information to public health authorities for the purposes related to: preventing or controlling disease, injury or disability, reporting child abuse or domestic violence, reporting to the Food and Drug Administration problems with products and reactions to medications, and reporting disease or infection exposure. neglect, reporting

Health oversight activities - We may disclose your health information to health agencies during the course of audit, investigations, inspections, licensure and other proceedings.

Judicial and administrative proceedings - We may disclose your health information in the course of any administrative or judicial proceeding.

Worker's compensation - We may disclose your health information as necessary to comply with worker's compensation laws.

2. When MPT may not use or Disclose your Health Information

Except as described in this notice of Privacy Practices, MPT will not use or disclose your health information without your written authorization. If you do not authorize MPT to use or disclose your health information for another purpose, you may revoke your authorization in writing at any time.

3. Your Health Information Rights

You have the right to request restrictions on certain uses and disclosures of your health information. MPT is not required to agree to the restriction that you requested.

You have the right to receive your health information through a reasonable alternative means or at an alternative location.

You have the right to inspect and copy your health information. You can ask to see or get an electronic or paper copy of your medical record and other health information we have about you. Ask us how to do this. We will provide a copy or a summary of your health information, usually within 30 days of your request. We may charge a reasonable, cost-based fees

You have the right to request that MPT amend your health information that is incorrect or incomplete. MPT is not required to change your health information.

You have a right to receive an accounting of disclosures of your health information made by MPT, except that MPT doesn't have to account for the disclosures described under Treatment, Payment, Healthcare Operations, Information Provided to you , and Health Oversight Activities of part one of this Notice of Privacy Practices.

You have a right to a paper copy of this Notice of Private Practices.

Choose someone to act for you - If you have given someone medical power of attorney or if someone is your legal guardian, that person can exercise your rights and make choices about your health information. We will make sure the person has this authority and can act for you before we take any action

If you would like to have a more detailed explanation of these rights or if you would like to exercise one or more of these rights, contact us at (802) 362-1334.

4. Changes to this Notice of Privacy Practices

MPT reserves the right to amend this Notice of Privacy Practices at any time in the future, and to make the new provisions effective for all information that it maintains, including information that was created or received prior to the date of such amendment. Once amendment is made, MPT is required by law to comply with this Notice. Revised notices will be given at any time requested.

5. Complaints

Complaints about this Notice of Privacy Practices or how MPT handles your health information should be directed to our office at (802) 362-1334.

If you are not satisfied with the manner in which this office handles a complaint, you may submit a formal complaint to:

You can complain if you feel we have violated your rights by contacting us using the information on page one. You can file a complaint with the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201, calling 1-877-696-6775, or visiting www.hhs.gov/ocr/privacy/hipaa/complaints/. We will not retaliate against you for filing a complaint.

I have read the Hipaa Policy If a copy is desired, the office will print one for you upon request.

Name: _____ Date: _____

If patient is a minor or legally incapacitated, please obtain signature of a parent or guardian.

**SIGNING ELECTRONICALLY INDICATES THAT YOU HAVE READ ALL THE ABOVE AND AGREE.
IF YOU DO NOT AGREE TO ANY PART, IT IS YOUR RESPONSIBILITY TO NOTIFY THE OFFICE
BEFORE YOU START TREATMENT.**